

Mindfulness Treatments for Parents of Children with Developmental Disabilities

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Certificate of Original Authorship

I, Raphaella Osborn, declare that this thesis, is submitted in fulfilment of the requirements for the award of Doctor of Philosophy, in the Graduate School of Health at the University of Technology Sydney.

This thesis is wholly my own work unless otherwise referenced or acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

This document has not been submitted for qualifications at any other academic institution.

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List of Original Publications and Manuscripts

- Osborn, R., Dorstyn, D., Roberts, L., & Kneebone, I. (2020). Mindfulness therapies for improving mental health in parents of children with a developmental disability: A systematic review. *Journal of Developmental and Physical Disabilities*. Advance online publication. <https://doi.org/10.1007/s10882-020-09753-x>
- Osborn, R., Girgis, M., Morse, S., Sladakovic, J., Kneebone, I., Shires, A., Durvasula, S., & Roberts, L. (2018). Mindfulness-integrated CBT (MiCBT) for reducing distress in parents of children with intellectual disability (ID): A case series. *Journal of Developmental and Physical Disabilities*, 30(4), 559-568. <https://doi.org/10.1007/s10882-018-9602-4>
- Osborn, R., Roberts, L., & Kneebone, I. (2020). Barriers to accessing mental health treatment for parents of children with intellectual disabilities: A preliminary study. *Disability and Rehabilitation*, 42(16), 2311-2317. <https://doi.org/10.1080/09638288.2018.1558460>
- Osborn, R., Dorstyn, D., Roberts, L., & Kneebone, I. (2020) Feasibility of a brief online mindfulness treatment for parents of children with developmental disabilities [Manuscript submitted for publication]. Discipline of Clinical Psychology, University of Technology Sydney.)

List of Conference Presentations

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- Osborn, R., Dorstyn D., Roberts L., Kneebone, I. (2019, October 24-26). Mindfulness for parents of children with developmental disabilities: a systematic review. Ian I. Kneebone (Chair), *Psychological interventions for children with neurodevelopmental disorders and their carers* [Symposium], 40th National Conference of the Australian Association for Cognitive and Behaviour Therapy, Adelaide, Australia.
- Osborn R., Dorstyn D., Roberts L., & Kneebone I. (2019, October 24-26). A brief online mindfulness treatment for parents of children with developmental disabilities. Ian I. Kneebone (Chair), *Psychological interventions for children with neurodevelopmental disorders and their carers* [Symposium], 40th National Conference of the Australian Association for Cognitive and Behaviour Therapy, Adelaide, Australia.

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Definition of Key Terms and Abbreviations

Developmental Disability (DD)

Developmental disability is a broad, umbrella term to describe a group of conditions that begin in the developmental period, are typically lifelong, and characterised by impairment across multiple domains - including intellectual, behaviour, physical, learning, and/or language functioning. Examples of DD are autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), Down syndrome, cerebral palsy, and intellectual disability (ID; Centers for Disease Control and Prevention, 2020).

Intellectual Disability (ID)

Intellectual disability is a type of DD that involves deficits in both intellectual and adaptive functioning. Adaptive functioning includes conceptual, social and practical functioning, with impairments presenting as reduced social participation, communication, and independent living. Intellectual disability is specified according to severity level, with mild, moderate, severe and profound diagnostic categories (American Psychiatric Association, 2013).

Abstract

Background. It is well documented that parents of children with developmental disabilities (DD) experience increased rates of psychological distress. Research into effective treatments for these families is important as parental distress can maintain or exacerbate behavioural problems in children with DD. There is emerging evidence that mindfulness-based treatments may offer benefits to these families. The present dissertation examines the efficacy of mindfulness treatments for reducing distress in parents of children with DD, including relevant adaptations to treatment.

Method/Results. Four independent studies were conducted. Study 1 involved a systematic review to examine the evidence-base for mindfulness treatments targeted to parents of children with DD. Data from eight randomised controlled trials, involving a pooled sample of 793 caregivers, confirmed that mindfulness treatments contributed to significant, medium to very large reductions in emotional distress. Study 2 used a case series design to investigate the efficacy of a mindfulness-based treatment not previously trialled in this population; Mindfulness-integrated Cognitive Behavioural Therapy (MiCBT). While the results of this case series suggested that a combination of CBT and mindfulness meditation may be beneficial, recruitment difficulties led to the hypothesis that parents of children with DD may experience barriers to accessing psychological treatment for themselves. Specific barriers to treatment were subsequently examined in the third study, a survey of 80 parents. Treatment cost, arranging childcare, and availability of service providers were identified as key barriers. The final study examined the feasibility and efficacy of a mindfulness treatment that countered accessibility issues by being brief in duration and delivered online. While recruitment was once again problematic, parents reported improvements in general mood as well as mindfulness gains which were maintained at 3-month follow-up. Moreover, the online treatment was deemed feasible.

Conclusion. In combination, the present findings indicate that mindfulness treatments can be beneficial to parents of children with DD, with reductions in anxiety, stress and depression symptoms identified, alongside improvements in mindfulness skills. Despite this evidence, significant barriers to accessing face-to-face psychological treatment were reported. Importantly, an adapted mindfulness treatment that required low time commitment and could be readily accessed via smartphone at a low cost, demonstrated potential to substantially reduce parental distress. Nonetheless, engaging parents' commitment to even this brief, adapted treatment was a significant challenge. Clinicians who work with families who have children with DD should be aware of the difficulties that parents may have in prioritising treatment for themselves, but also the potential benefits of engaging them in even brief treatments.